MEDICAID IS A HEALTH INSURANCE PROGRAM for children and adults with low incomes, and those who have special health care needs or disabilities. Medicaid is a federal—state program with each state sharing the costs with the federal government based on an agreed upon percentage. If you know a family who requires help with medical insurance and services, they may be eligible for the Medicaid program. There are also other programs to help with medical insurance for those who do not qualify for Medicaid in the District of Columbia and those resources are also provided in this document and on our website.

Who is Eligible for Medicaid in the District of Columbia?
The following criteria are used to determine if a child or adult is eligible for Medicaid in the District of Columbia:
• A resident of the District of Columbia
• A U.S. citizen, permanent resident, or legal alien*
• An income under the limit set by the Government of the District of Columbia. The limit is a combination of income, assets, and money spent on medical expenses

In addition, individuals may be eligible if they have:
• A special health care need
• A disability

The income limit is different for adults and children. Children may qualify for Medicaid with a higher income than adults, even if they are within the same household.

What are the Public Insurance Programs in the District of Columbia?
DC Healthy Families
DC Healthy Families is a Medicaid program under the DC Department of Health Care Finance that uses Medicaid managed care plans to provide health insurance and services. This program is for Medicaid eligible adults with children, pregnant women, and children. DC Healthy Families has special programs for newborns, children with special health care needs, children with disabilities, and people with HIV/AIDS.

DC HEALTH ALLIANCE
The District of Columbia has an additional public insurance option to make sure all individuals with low income have access to coverage. DC Health Alliance provides coverage for those who do not qualify for Medicaid including:
• Adults without children.
• Adults or children who are not U.S. citizens, permanent residents, or legal aliens.
• Adults who do not have disabilities.

What are Medicaid Managed Care Organizations
The DC Department of Health Care Finance contracts with managed care organizations to deliver health services to its Medicaid recipients. Over 65% of Medicaid recipients in DC receive their services through one of the contracted managed care organizations. (DC Department of Health Care Finance, Office of Managed Care

*Children of parents who are not U.S. citizens may be U.S. citizen themselves and qualify for Medicaid even if their parents do not. Individuals living in DC who are not in these categories can be eligible for a program called DC Health Alliance.
**Special Eligibility Categories for Children and Youth with Special Health Care Needs**

Children and youth may be eligible for Medicaid because of chronic health conditions or disabilities. They may qualify for Medicaid coverage under one of the following options:

**TEFRA/Katie Beckett Eligibility Option:** Section 134 of the Tax Equity and Fiscal Responsibility Act (TEFRA) allows states to waive the income requirements for eligibility for Medicaid for children with chronic illnesses or disabilities that cause them to need a high level of care. Children qualify if they are younger than 18, meet the definition of disability under the social security criteria, need institutional level care but caring for the child at home is cost effective. Only the child’s income is considered for this program. This program is not only for poor families.

TEFRA/Katie Beckett is an eligibility category for DC Medicaid for children who have long-term disabilities or complex medical needs and live at home. It allows children to be served at home by the family with additional supports, instead of in an institution. If an individual child is eligible for Medicaid under TEFRA/Katie Beckett, then that child can receive the same benefit package as other children enrolled in Medicaid.

The following criteria are used for eligibility in the District of Columbia under TEFRA/ Katie Beckett:

- Younger than 19 years old
- Income less than 300% of Supplemental Security Income ($2,094 monthly in 2012), and resources totaling less than $2,000 (Only the child’s income and resources are counted.)
- A disability that is terminal or expected to last for more than 12 months (or otherwise meet the definition of disabled under the Social Security Act)
- Required a level of care (LOC) that is typically provided in a hospital, skilled nursing facility, or intermediate care facility (including intermediate care facility for people with intellectual disabilities)
- Able to safely live at home
- Not eligible for Medicaid under a different eligibility category

**Home and Community Based Services Waiver (HCBS):** Another waiver addresses Medicaid eligible individuals 18 years of age or older with intellectual disability and developmental disabilities. This program provides services for qualified individuals to remain in their homes and communities who might otherwise need hospital, nursing home, or intermediate care facility care (ICF).

**Health Services for Children with Special Health Care Needs, Inc.:** This is a non-profit managed care organization (MCO) that coordinates care for children with special health care needs, disabilities, or other complex medical needs for children in DC receiving Medicaid and receiving Supplemental Security Income (SSI) or who meet who the criteria for a disability under SSI. SSI is a federal program that provides benefits for individuals with special health care needs or disabilities (http://www.ssa.gov/pmg/ssi.htm). Services identified in the child’s care plan under the HSCSN program are all Medicaid reimbursable.

**How Does Medicaid Help Identify and Serve Children and Youth with Special Health Care Needs?**

**Health Check: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit**

All children under 21 years of age who have Medicaid are required to have health check-ups at certain ages to make sure they are developing well physically and mentally, receive immunizations, and receive necessary evaluations, medical tests, and treatment services if problems are identified. This early and periodic screening, diagnostic and treatment requirement ensures well child care for all children and youth receiving Medicaid. Service needs identified through the EPSDT process are then Medicaid reimbursable. EDSDT periodic screening is a requirement of providers seeing Medicaid patients and is reimbursable. This program also offers information and training for health care providers. If a child or youth receiving Medicaid is identified as having a special health care need, EPSDT is one source of identifying needed services by connecting them to the health care providers and local programs such as early intervention for further services and supports.
Health Check Website
http://www.dchealthcheck.net/index.html

Health Check Brochure

How does a family apply for Medicaid or other public medical assistance in DC?

Medicaid
Since the implementation of the Affordable Care Act, the easiest way for families to apply for DC Medicaid is through DC Health Link. Families can apply by calling: (855) 532-5465. Assistance is available in English and Spanish.

They can still apply at one of the ESA Service Centers. (See below.)

DC Department of Health Care Finance
899 North Capitol Street, NE, Suite 6039
Washington, DC 20002
Phone: (202) 442-5988
Fax: (202) 442-4790
TTY: 711
Email: dhcf@dc.gov
Website: http://dhcf.dc.gov/service/medicaid

DC Department of Human Services, Economic Security Administration (ESA) (formerly known as Income Maintenance Administration or IMA)
http://dhs.dc.gov/page/economic-security

Families can apply using one form for medical assistance and other financial and nutrition assistance programs. ESA also has service centers for in person application throughout the city at the following locations:

Taylor Street
1207 Taylor St., NW
Phone: (202) 576-8000
Fax: (202) 576-8740

Fort Davis
3851 Alabama Ave., SE
Phone: (202) 645-4500
Fax: (202) 645-6205

H Street
645 H Street NE
Phone: (202) 698-4350
Fax: (202) 724-8964

Congress Heights
4001 South Capitol St., SW
Phone: (202) 645-4546
Fax: (202) 654-4524

Anacostia
2100 Martin Luther King Jr. Ave., SE
Phone: (202) 645-4614
Fax: (202) 727-3527

DC Healthy Families and DC Health Alliance
6856 Eastern Avenue, NW, Suite 206
Washington, DC 20012
Customer Service Center (202) 639-4030* or (800) 620-7802
*For Spanish and other language assistance: Press “1” at the beginning of the phone tree
TTY/TDD Line: (202) 639-4041
Dental Line: (866) 758-6807
Fax: (202) 289-6764
Websites:
DC Healthy Families: http://dhcf.dc.gov/node/151012
DC Health Alliance: http://dhcf.dc.gov/service/dc-healthcare-alliance
Health Plan Selection Website:
https://www.dchealthyfamilies.com/Member/MemberHome.aspx
Video: http://www.youtube.com/watch?v=XqV52M8b1rE

Waivers
Application for the TEFRA Waiver (Note the first step is an application for Medicaid eligibility including family income information.)

Department of Health Care Finance
Division of Children’s Health Services
Attn: TEFRA/Katie Beckett Coverage Group
899 N. Capitol Street, NE, Suite 6037
Washington, DC 20002
Phone: (202) 442-5957
Email: HealthCheck@dc.gov
Home and Community Based Waiver
Contact the DC Department on Disability Services Intake and Eligibility Determination Division for specifics on this program.
1125 15th Street, NW
Washington, DC 20005
Phone: (202) 730-1700
Fax: (202) 730-1843
TTY: (202) 730-1516
Website: http://dds.dc.gov/DC/DDS/Developmental+Disabilities+Administration/How+To+Apply+For+Services

How do I become a Medicaid Provider?
Contact the DC Department of Health Care Finance Enrollment Specialist (202-906-8318) and complete a provider enrollment packet and credential checklist that are available at https://www.dc-medicaid.com/dcwwebportal/nonsecure/downloadEnrollmentPackage. This website also provides information about fee schedules, frequently asked questions, and other important information for interested and enrolled providers.

Where do I send a family for advice about these programs?
DC Office of Health Care Ombudsman and Bill of Rights
In addition to the contacts for enrollment in these programs, families or providers can contact the DC Office of Health Care Ombudsman and Bill of Rights. This office gives advice about Medicare and Medicaid and other medical insurance programs, information about rights under these programs, and about appeals and grievance processes. Their website contains helpful information about all the programs discussed in this fact sheet.
899 North Capitol Street, NE, Sixth Floor
Washington, DC 20002
Phone: (202) 724-7491
Toll-Free: 1 (877) 685-6391
Confidential Fax: (202) 535-1216
Email: healthcareombudsman@dc.gov
Website: http://ombudsman.dc.gov/ombudsman/site/default.asp or http://ombudsman.dc.gov/ombudsman/cwp/view,a,1277,q,464012,ombudsmanNav_GID,1506,.asp

Rights under Medicaid
http://ombudsman.dc.gov/ombudsman/cwp/view,a,1237,q,463963.asp

Where can I get more information?
American Academy of Pediatrics, DC Chapter

District of Columbia EPSDT
http://www.dchealthcheck.net/training/overview/epsdt.html
http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html

Medicaid.gov for the District of Columbia
http://medicaid.gov/Medicaid-CHIP-Program-Information/By-State/District-of-Columbia.html

Public Insurance Programs and Children with Special Health Care Needs
A Tutorial on the Basics of Medicaid and the Children’s Health Insurance Program (CHIP)
http://hdwg.org/catalyst/medicaid-tutorial